TasTAFE – Expression of Interest Form

THIS IS NOT AN ENROLMENT FORM

BIOGRAPHICAL DETAILS

First Name: __________________________
Last Name: __________________________
Preferred Name: ____________________
DOB (dd/mm/yyyy): __________________

Postal Address: ______________________
Postcode: __________________________

Mobile Phone: _______________________ 
Home Phone: _________________________
Email: ______________________________

Region South: ☐
Region North: ☐
Region North West: ☐

Highest level of education completed: Year 10 ☐ Year 11 ☐ Year 12 ☐

HOW DID YOU HEAR ABOUT TASTAFE?

☐ Website
☐ Television
☐ Word of mouth
☐ Newspaper
☐ Flyer
☐ Job search provider

Tick appropriate boxes:
☐ Indigenous
☐ Disability or medical condition

If ticked (Yes), give details below:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

I AM INTERESTED IN...

Course(s)
1. ________________________________________________
2. ________________________________________________
3. ________________________________________________

STAFF USE ONLY

Counsellor/Teacher name: __________________________ Date:
Counsellor/Teacher comments: ____________________________________________
____________________________________________________________________

Entered on EOI database Initial’s/Date: ________________________________